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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit one original and a duplicate for the processing)
- Applicant claims small entity status.
See 37 CFR 1.27.
- Specification [Total Pages **16**] (Preferred arrangement and forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets **4**] [
5. Oath or Declaration [Total Pages **1**] [
- a. Newly executed (original or copy)
Copy from a prior application (37 CFR 1.53 (d))
(for continuation/divisional with Box 17 completed)
- b. DELETION OF INVENTOR(S)
Signed statement attached deleting Inventor(s)
named in the prior application, see 37 CFR
1.53(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

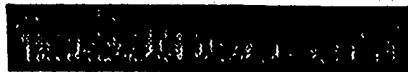
 Continuation Divisional Continuation-in-part (CIP)

of prior application No.: _____

For application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone		Fax

Name (Print/Type)

JACK PROVILIA

Registration No. (Attorney/Agent)

25026

Signature

Date AUG. 1/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

22387 U.S. PTO
10/645931

08/22/03

18
31
U.S.
PTO
08/22/03

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 383.00)

Complete If Known

Application Number	
Filing Date	
First Named Inventor	REJERAN ROY
Examiner Name	
Group Art Unit	
Attorney Docket No.	247-IUS

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
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101	740	201	375	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	180	214	80	Provisional filing fee

Fee Paid

375

SUBTOTAL (1) (\$ 375.00)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
22	1		-20** = 2	x 9	18
			-3** = 0	x	

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
---------------	---------------	-----------------

103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 18.00)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee 105 130 205 85	Fee Description	Fee Paid
105	130	205	85	Surcharge - late filing fee or oath
127	90	227	25	Surcharge - late provisional filing fee or cover sheet
139	130	139	130	Non-English specification
147	2,520	147	2,520	For filing a request for ex parte reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	920	217	480	Extension for reply within third month
118	1,440	218	720	Extension for reply within fourth month
128	1,960	228	980	Extension for reply within fifth month
119	320	219	180	Notice of Appeal
120	320	220	180	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,280	241	640	Petition to revive - unintentional
142	1,280	242	640	Utility issue fee (or release)
143	480	243	230	Design issue fee
144	820	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(q)
126	180	126	180	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	270	370	Request for Continued Examination (RCE)
189	900	189	900	Request for expedited examination of a design application
Other fee (specify) _____				

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	JACK PROVILK	Registration No. (Attorney/Agent)	25026	Complete (if applicable)
Signature	Jack Pro	Date	613-525-1399	

WARNING: Information in this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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